(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	378022
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Pelicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carr
	sibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and dat	ided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filling Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. Name of Reporting Carrier: Name of Authorized Agent or Employee of Agent: Signature of Authorized Agent or Employee of Agent: Date: Printed name of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent Telephone number of Authorized Agent or Employee of Agent: Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §5 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Attachments

. . . .

(060) Co	overage and Performance Report	FCC Form 690 Approved by OMB OMB Control No. 3040-1185
<010>	Study Area Code	378022
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015

Mike Felicissimo 9705423605 ext.

07/2014 - 06/2015

mike.felicissimo@viaero.com

<140>

<030>

<035>

<039>

<a1></a1>	K82>	<a3></a3>	 	<62>	ф3>	(ct)	wb .	(c3)	6
tate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
IE.	Hooker	0000	0	0	0	0.0	0.0	0.0	Yes
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Percentage of
Total Population
Reached by
Service

Contact Name - Person USAC should contact regarding this data

Coverage and Performance Report Year

Contact Telephone Number - Number of person identified in data line <030>

Contact Email Address - Email Address of person identified in data line <030>

0			

Percentage of Total Road Miles covered by Service

	_	-	
0			

STATE OF STREET	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	378023	ACCEPTED/FILED
<015>	Study Area Name	NE Colorado Cellular, Inc.	AUGU TEST
<020>	Program Year	2015	JUL - 1 2015
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	,
<039>	Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	
1.56			(check box when complete)
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Formation of the Study Area Code (SAC) for the Formation required pursuant to §54.1009	ed with the Form 481 reporting	<041>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	0 0
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>		lete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form	Parts.			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
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<010>	Study Area Code			378023	
<015>	Study Area Code			NE Colorado Cellular, Inc.	
<020>	Program Year			2015	
<030>	Contact Name - Person USAC should contact r	egarding	this data	Mike Felicissimo	
<035>	Contact Telephone Number - Number of person			9705423605 ext.	
<039>	Contact Email Address - Email Address of pers	on identi	fied in data line <030>	mike, felicissimo@viaero.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidde	er			
<110>	FCC Registration Number		0008314569		
<111>	Filing Carrier Name		NE Colorado Cellula	r. Inc.	
<112>	Winning Bidder Carrier Name				
<113>	Street Address (or PO Box)		NE Colorado Cellula 1224 W Platte Avenu)
			Fort Morgan	le .	
<114>	City				
<115>	State		co		_
<116>	Zip-Code		80701		
<117>	Telephone Number		9705423605 ext.		
<118>	Fax Number		9708673589		
<119>	Email Address		mike.felicissimo@vi	aero.com	
Contact In	formation				
	if same as above, indicate in this box	✓			
<120>	Name (First, MI, Last, Suffix)		Mike Pelicissimo		
<121>	Filing Carrier Name		NE Colorado Cellula:	r, Inc.	
<122>	Street Address (or PO Box)		1224 W Platte Avenue		
<123>	City		Fort Morgan		
<124>	State		со		
<125>	Zip-Code		80701		
<126>	Telephone Number		9705423605 ext.		
<127>	Fax Number		9708673589		
<128>	Email Address		mike.felicissimo@via	aero.com	
	•••••				
Authorize	d Agent Information if no agent, indicate in this box				
-120					
<130>	Name (First, MI, Last, Suffix)				
<131>	Company				
<132>	Street Address (or PO Box)				
<133>	City				
<134>	State				
<135>	Zip-Code				
<136>	Telephone Number				
<137>	Fax Number				
<138>	Email Address				
			7,		

(060) Co	overage and Performance Report	Ap pro	rm 690 ved by OMB ontrol No. 3060-1185 of 8
<010>	Study Area Code	378023	
<015>	Study Area Name	NE Colorado Cellular, Inc.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo	

Contact Telephone Number - Number of person identified in data line <030>

Coverage and Performance Report Year

Percentage of Total

Population Reached by

Service

Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

07/2014 - 06/2015

<035>

<039>

<140>

Construction not completed.zip

Coverage and Performace attachements

9705423605 ext.

<141> <a1> <a2> <b1> <b2> <b3> <c1> <c2> * <c3> Total Road Road Certify that Miles per Miles Coverage and Road Resident **Total Resident** Miles Census covered Performance data Resident Population Population Block per is uploaded Reached by Population per **Newly Reached** Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

Percentage of Total

Road Miles covered

by Service

(070) Urb	an Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	eruncation of Officer of Empic	eyee as to Compliance with 47 CFR §54.1009	a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	f the reporting carrier; my responsib	ilities include ensuring compliance with 47 CFR §54	.1009(a)(4), the information reported on this
Name of Reporting Carrier: NE C	olorado Cellular, Inc.		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo		
Title or position of Authorized Officer:	Executive Vice President		
Telephone number of Authorized Officer:	9705423605 ext.		
Study Area Code of Reporting Carrier:	378023	Filing Due Date for this form: 07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize	an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting		
arrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the			
authorized agent; and, to the best of my knowledge, the reports a	and data provided to the authorized agent is accurate,		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
이 아니라 그리고 하고 있다. 그리고 있는데 그리고 있는데 그리고 있는데 그리고 있다. 그리고 있는데 그리고 있는데 그리고 있다면 되었다면 그리고 있다면 그리고 있다면 그리고 있다면 그리고 있다.	ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment fer Title 18 of the United States Code, 18 U.S.C. § 1001.		

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am author	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of n	y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	nt:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Triba	al Lands Reporting		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
	277 25		
<010>	Study Area Code		378023
<015>	Study Area Name Program Year		NE Colorado Cellular, Inc.
<030>	Contact Name - Person USAC should contact regarding t	this data	2015 Mike Felicissimo
<035>	Contact Telephone Number - Number of person identifi		
<039>	Contact Email Address - Email Address of person identif		
<142>	State		
<143>	County		
<144>	Tribal Land(s) on which ETC Serves		
<145>	Tribal Government Engagement Obligation	Name of Attached	Document (.pdf)
	If your company serves Tribal lands, please select (Yes, leach of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached	le) for
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	cus on Tribal	Select (Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;		
<148>	Marketing services in a culturally sensitive manner;		
<149>	Compliance with Rights of way processes		
<150>	Compliance with Land Use permitting requirements		
<151>	Compliance with Facilities Siting rules		
<152>	Compliance with Environmental Review processes		
<153>	Compliance with Cultural Preservation review processes	s	

<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Pelicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<200>	Date Authorized to Receive Support	07/29/2013
<201>	Targeted Completion Date	07/31/2016
<202>	Total Mobility Fund Support Awarded	699167.76
<203>	Total Mobility Fund Support Disbursed	233055.92
<210> <211>	Actual Completion Date Project Status Description (attached)	Nebraska Overlay Sites in process.pdf {Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	
<214>	Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	7
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	⊙ ○

(101) Cer	dification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com

certify that I am an officer of the reporting carrier; my responsibilities best of my knowledge, the information reported on this form and in an	include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the y attachments is accurate.
Name of Reporting Carrier: NE Colorado Cellular, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2015
Printed name of Authorized Officer: Mike Pelicissimo	
Fitle or position of Authorized Officer: Executive Vice President	
Telephone number of Authorized Officer: 9705423605 ext.	
Study Area Code of Reporting Carrier: 378023	Filing Due Date for this form: 07/01/2015

Page 8 of 8

<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike feliciesimo@ujaara.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)_ also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and	is authorized to submit the information reported on behalf of the reporting c esponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized ta provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

v 1 7 x

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of F	Reporting Carrier
점	orized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo	
Name of Reporting Carrier:	20040	
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t .	CASTRAL CONTROL CONTRO
Telephone number of Authorized Agent or Employee of Ag	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

. . . .

(060) Co	verage and Performance Report	FCC Form 690. Approved by OMB. OMB Control No. 3060-1185
<010>	Study Area Code	378023
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mike Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com
<140>	Coverage and Performance Report Year	07/2014 - 06/2015

<141>

cal)	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<tb><tb><tb></tb></tb></tb>	<c2></c2>	<c3></c3>	<d><d></d></d>
ate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
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		100000							
					71				

Percentage of
Total Population
Reached by
Service

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Percentage of Total Road Miles covered by Service

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F 24 4 5 5 5	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hou's
<010>	Study Area Code	378024	
<015>	Study Area Name	NE Colorado Cellular, Inc.	ă
<020>	Program Year	2015	ACCEPTED/FILED
<030>	Contact Name: Person USAC should contact with questions about this data	MIke Pelicissimo	JUL - 1 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	onio or sto occorda,
1028-115			(check box when complete)
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file	A	(041> (040> (041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>		lete attached certification)	<101>
	<102> Agent Certification (comp	lete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Car	rier Contact Form	1.00		A STATE OF STATE	FCC Form 690
					Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code			378024	
<015>	Study Area Name		202	NE Colorado Cellular, Inc.	
<020>	Program Year			2015	***
<030>	Contact Name - Person USAC should contact			MIke Felicissimo	
<035>	Contact Telephone Number - Number of per	~		9705423605 ext.	
<039>	Contact Email Address - Email Address of per	rson identifie	d in data line <030>	mike.felicissimo@viaero.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidd	der			
<110>	FCC Registration Number	0	008314569		
<111>	Filing Carrier Name	-	E Colorado Cellula	r the	
<112>	Winning Bidder Carrier Name			C. Actions	
			E Colorado Cellula		
<113>	Street Address (or PO Box)	-	224 W Platte Avenue	e	
<114>	City	F	ort Morgan		
<115>	State	C	0		
<116>	Zip-Code	8	0701		
<117>	Telephone Number	9	705423605 ext.		***************************************
<118>	Fax Number	-	708673589		
<119>	Email Address	-	ike.felicissimo@vi	aero com	4.0
		-	INC. LOLLOLD LINOUT L	acto room	
Contact Ir	formation				
207 (2-107)	if same as above, indicate in this box				
<120>	Name (First, MI, Last, Suffix)	ш			
<121>	Filing Carrier Name		Ike Felicissimo	. Two	
<122>	Street Address (or PO Box)	N	E Colorado Cellular	r, Inc.	
		11	224 W Platte Avenue		
<123>	City	Fo	ort Morgan		
<124>	State	CC)		
<125>	Zip-Code	86	0701		***************************************
<126>	Telephone Number	91	705423605 ext.		
<127>	Fax Number	91	708673589	300000000000000000000000000000000000000	
<128>	Email Address	m	ike.felicissimo@via	ero.com	
		-			- Manual
Authorize	d Agent Information if no agent, indicate in this box	/			
<130>	Name (First, MI, Last, Suffix)				
<131>		-			
	Company	·			
<132>	Street Address (or PO Box)	(-			
<133>	City	<u> </u>			
<134>	State				<u> </u>
<135>	Zip-Code	_			
<136>	Telephone Number	_			
<137>	Fax Number		- 100 Maria		
<138>	Email Address	ž.		- T	
		77-		10.00	

(060) Co	verage and Performance Report	FCC Form 690 Ap proved by OM OMB Control No. Page 3 of 8	
<010>	Study Area Code	378024	
<015>	Study Area Name	NE Colorado Cellular, Inc.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	MIke Felicissimo	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com	
<140>	Coverage and Performance Report Year 07/2014 - 06/2015		30)((-0)
	Constructio Coverage and Performace attachements	n not completed.zip	

<a1></a1>	<a2></a2>	<a3></a3>	- <b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d><d></d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
							_		
-	+	-	(see attach	ed works	hoot	-		
				JCC attach	CO WOIKS	icet			
	-	-					-	-	
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		3	0	Ì			0		
	Population	age of Total n Reached by			Percentage Road Miles of	overed			
	Se	rvice			by Serv	ice			

(070) Urb	an Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	378024
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	MIke Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	Certification of Officer or Emplo	oyee as to Compliance with 47 CFR §54.100	9(a)(4)
l certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my responsil	bilities include ensuring compliance with 47 CFR §	54.1009(a)(4), the information reported on this
Name of Reporting Carrier: NE C	olorado Cellular, Inc.		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/30/2015
Printed name of Authorized Officer:	Mike Felicissimo		
Title or position of Authorized Officer:	Executive Vice President		\$
Telephone number of Authorized Officer:	9705423605 ext.		
Study Area Code of Reporting Carrier:	378024	Filing Due Date for this form: 07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

	responsibilities include ensuring compliance with 47 CFR §54,1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provid	ed to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	The St
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorize	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorize data provided by the reporting carrier; and, to the best of my	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based o nowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	(67)=
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

(non) Tall				CCC Carry COD
(USU) Triba	ll Lands Reporting			FCC Form 690 Approved by OMB
	THE RESERVE OF THE PARTY OF THE	* **		OMB Control No. 3060-1185
18 24	MET TO STATE OF THE STATE OF TH		A KALLEN WI	Page 5 of 8
V				
<010>	Study Area Code		378024	
<015>	Study Area Name		NE Colorado Cellular, Inc	ki
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi		MIke Felicissimo	
<039>	Contact Email Address - Email Address of person identifi		020-	
			mike.felicissimo@viaero.c	Oct.
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
		1		
<145>	Tribal Government Engagement Obligation			
- 10	The second secon	Name of Attached	Document (.pdf)	
		,		
	If your company serves Tribal lands, please select (Yes,		le) for	
	each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the			
	government pursuant to § 54.1004 includes:	ITIDAI		
	government pursuant to § 54.1004 medices.			
			Calcut	
			Select (Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a for	cus on Tribal	(Tes, No, Not Applicable)	
	community anchor institutions;	000		
<147>	Feasibility and sustainability planning;			
	The state of the s			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
0.00	(1.15) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17) (1.17)			

<152> Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes <154> Compliance with Tribal Business and Licensing requirements.

<153>

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code <015> Study Area Name NE Colorado Cellular, Inc. <020> Program Year Contact Name - Person USAC should contact regarding this data <030> MIke Felicissimo <035> Contact Telephone Number - Number of person identified in data line <030> 9705423605 ext. <039> Contact Email Address - Email Address of person identified in data line <030> mike.felicissimo@viaero.com <200> Date Authorized to Receive Support 07/29/2013 <201> **Targeted Completion Date** 07/31/2016 <202> **Total Mobility Fund Support Awarded** 112029.00 <203> Total Mobility Fund Support Disbursed 37343.00 <210> **Actual Completion Date** Nebraska Sites partialy complete.pdf <211> Project Status Description (attached) {Name of PDF attached} Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment 1 <215> Status of Network Deployment - Maintenance <216> **Project Budget Status** <217> **Project Plan Status** <218> Certify Network will Support 3G/4G Mobile Service (Yes / No)

(101) Cer	dification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No., 3060-1185 Page 7 of 8
<010>	Study Area Code	378024
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	MIke Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsiblest of my knowledge, the information reported on this form and	lities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the in any attachments is accurate.
Name of Reporting Carrier: NE Colorado Cellular, Inc.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/30/2015
Printed name of Authorized Officer: Mike Felicissimo	
Fitle or position of Authorized Officer: Executive Vice Presi	dent
Telephone number of Authorized Officer: 9705423605 ext.	
Study Area Code of Reporting Carrier: 378024	Filing Due Date for this form: 07/01/2015

(102) Certification - Agent / Carrier

Approved by OMB

OMB Control No. 3060-1185

Page 8 of 8

<010>	Study Area Code	378024
<015>	Study Area Name	NE Colorado Cellular, Inc.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	MIke Felicissimo
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

.

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of R	eporting Carrier
를 가게 보고 있는 이번에 가게 된 이번에 있었다. 이번에 가는 사람들이 되었다. 하는 사람들이 되었다면 하는 것이다. 그런 사람들이 되었다.	orized to submit the reports for Mobility Fund recipients on behi carrier; and, to the best of my knowledge, the information repo	[1] [1] [1] [1] [2] [3] [3] [4] [4] [4] [4] [5] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Attachments

(060) Coverage and Performance Report

. . . .

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	378024	
<015>	Study Area Name	NE Colorado Cellular, Inc.	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	MIke Felicissimo	
<035>	Contact Telephone Number - Number of person identified in data line <030>	9705423605 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mike.felicissimo@viaero.com	
<140>	Coverage and Performance Report Year	07/2014 - 06/2015	

<141>

<ai>></ai>	92>	4935	<61>	(b2)	<b3></b3>	<c1></c1>	* <c2></c2>	CC3	cd.
tate	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
NE	Knox	0000	0	0	0	0.0	0.0	0.0	Yes
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	-		-						-
		-				-			
					-	<u> </u>	-		
		 	-				1		
	-	-							

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			

Section 2.112.25.	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	378025	
<015>	Study Area Name	NE Colorado Cellular, Inc.	ACCEPTED/FILED
<020>	Program Year	2015	
<030>	Contact Name: Person USAC should contact with questions about this data	Mike Felicissimo	JUL - 1 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9705423605 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	mike.felicissimo@viaero.com	
	<041> Attach a description of the documents fill <042> Cite the Study Area Code (SAC) for the Fo		<041>
<050>	Carrier Contact Information	(complete attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cos	ver tribal lands? Yes or No)	O
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>	Certifications <101> Reporting Carrier Certification (comp	olete attached certification)	<101>
	<102> Agent Certification (comp	olete attached certification)	<102>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		378025	
<015>	Study Area Name	***	NE Colorado Cellular, Inc.	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding to	his data	Mike Felicissimo	
<035>	Contact Telephone Number - Number of person identifie	ed in data line <030>	9705423605 ext.	
<039>	Contact Email Address - Email Address of person identifi	ed in data line <030>	mike.felicissimo@viaero.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0008314569		
<111>	Filing Carrier Name	NE Colorado Cellula	r, Inc.	
<112>	Winning Bidder Carrier Name	NE Colorado Cellula	r, Inc.	
<113>	Street Address (or PO Box)	1224 West Platte Av	enue	
<114>	City	Fort Morgan		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
<115>	State	co		
<116>	Zip-Code	80701		-
<117>	Telephone Number	9705423605 ext.		
<118>	Fax Number			
<119>	Email Address	9708673589		
	à	mike.felicissimo@vi	aero.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Mike Pelicissimo		
<121>	CIT C I N	NE Colorado Cellular	. Inc.	
<122>	Street Address (or PO Roy)	Carrier and Control Control Control		
<123>		1224 West Platte Ave	emie	
<124>		Fort Morgan		
<125>	7in Code	co		
		80701		
<126>		9705423605 ext.		
<127>	2	9708673589		
<128>	Email Address	mike.felicissimo@via	mero.com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			7
<138>	Email Address			